

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SEARCH NO.	09/581748	FILING DATE			
								APPLICANT(S)					
CLAIMS								*	*	*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/		/					51					
2	/		/					52					
3	2		/					53					
4	2		/					54					
5	/		/					55					
6	/		/					56					
7	/		/					57					
8	/		/					58					
9	/		/					59					
10	2		/					60					
11	2		/					61					
12	2		/					62					
13	/		/					63					
14	/		/					64					
15	/		/					65					
16	/		/					66					
17	/		/					67					
18	/		/					68					
19	/		/					69					
20	/		/					70					
21	/		/					71					
22	/		/					72					
23	/		/					73					
24	/		/					74					
25	/		/					75					
26	/		/					76					
27	/		/					77					
28	/		/					78					
29	/		/					79					
30	/		/					80					
31	/		/					81					
32	/		/					82					
33	/		/					83					
34	/		/					84					
35	/		/					85					
36	/		/					86					
37	/		/					87					
38	/		/					88					
39	/		/					89					
40	/		/					90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	20		20					TOTAL IND.					
TOTAL DEP.	25	←	20	←				TOTAL DEP.					
TOTAL CLAIMS	45	←	40	←				TOTAL CLAIMS					

Best Available Copy